

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. <b>10/048229</b>	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				51
2		1		1			52
3		1		1			53
4				1			54
5		1		1			55
6		1		1			56
7		1		1			57
8		7		7			58
9		7		7			59
10		1		1			60
11		1		1			61
12		2		2			62
13		1		1			63
14		1		1			64
15		1		1			65
16		1		1			66
17		1		1			67
18		1		1			68
19							69
20							70
21							71
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40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	30		30				TOTAL IND.
TOTAL DEP.	31		31				TOTAL DEP.
TOTAL CLAIMS							TOTAL CLAIMS

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